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PTO/SB/21 (03-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/879,470

Filing Date

06/12/2001

First Named Inventor

Cosand

Art Unit

2634

Examiner Name

Ha, Dac V.

Attorney Docket Number

PD-R98158

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | - Response to Restriction Requirement |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | - Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | If there are any debits or credits, please apply to Raytheon deposit account 50-0616. | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual

Leonard A. Alkov, Esq.

Signature

Date

10/07/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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Attorney's Docket No. PD-R98158

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Cosand

Serial No. 09/879,470

Filed: 06/12/2001

For: MULTI-BIT DELTA-SIGMA
ANALOG-TO-DIGITAL
CONVERTER WITH ERROR
SHAPING

Date: October 7, 2004

Art Unit: 2631

Examiner: Unknown

RESPONSE TO ELECTION/RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Claims 1-13 are pending in the hereinabove-identified Patent Application.

This Response to Election/Restriction Requirement is in response to an Election/Restrictions, mailed September 7, 2004, in the hereinabove-identified Patent Application.


Applicants hereby elect examination of Claims 1-5 and 12 drawn to a particular quantizer and quantization method classified in Class 341, subclass 200.

Applicants retain the right of examination in a subsequent Patent Application to Claims 6-11 and 13, drawn to delta-sigma analog-to-digital converter, classified in class 341, subclass 126.

This election is made without traverse.

Respectfully submitted,

Registration No. 30,021


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